

RECEIPT # _____

**TROY RECREATION DEPARTMENT'S
2005
MOM'S AND TOT'S SWIM PROGRAM
(LIMIT OF 10 COUPLES)
Monday thru Thursday, 11:00-11:30 a.m.**

at Troy Aquatic Park

Mother's Name _____

Address _____ Phone _____

(street)

Zip _____

(city)

E-Mail Address _____

Tot's Name _____ Male/Female

Tot's Age _____ Birthdate _____

Tot allergic to any medication? _____

Mother allergic to any medication? _____

Name of Tot's Doctor _____ Phone _____

Name of Mother's Doctor _____ Phone _____

_____ SESSION 1	JUNE 20 - JUNE 30	(Registration Deadline: June 15, 2005)
_____ SESSION II	JULY 11-21	(Registration Deadline: July 6, 2005)
_____ SESSION III	JULY 25-AUGUST 4	(Registration Deadline: July 20, 2005)

_____ **6 months – 23 months**

_____ **2 – 4 years old**

REGISTRATION FEE: \$15.00

WAIVER AND RELEASE

I, the undersigned, have willfully enrolled myself, and my above named child, in the Troy Recreation Department's Mom's and Tot's Swim Program. Being fully aware of the dangers inherent to the sport of swimming, I do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, Lincoln Community Center, Lincoln Community Center Board of Trustees, Lincoln Community Center Director, the supervisory staff and instructional staff of the swim program or their agents or servants, as a result of injuries incurred by either myself or the above named child while participating in this program.

Date _____ Signature _____

(parent or legal guardian)

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.